

DIRECT DEPOSIT SIGN-UP FORM (SWEDEN)

APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY MONTHLY BENEFITS BY DIRECT DEPOSIT

- Please make any necessary changes in Section 1A and complete Section 2. Be sure to **sign** the form.
- Ask your bank to complete Section 3.
- Mail the completed form to the address shown at the bottom of the page.

SECTION 1 (If the address below is incorrect, or if it is your bank's address, please complete Section 1A.)		SECTION 1A (If the address in Section 1 is not your correct address, please print your correct mailing address below.)	
Social Security Claim Number Person Entitled to Payment		ADDRESS CHANGE	

SECTION 2

PAYEE CERTIFICATION I certify that I have read and understand the message that came with this form. In signing this form, I authorize the Social Security Administration to send my payment to my bank and deposit it in the designated account. I understand that personal information in these payments will be treated confidentially, but I consent to disclosure of payment information that is compelled by law or necessary to protect against fraud or crime.		JOINT ACCOUNT HOLDER'S CERTIFICATION I certify that I have read and understand the message that came with this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
YOUR SIGNATURE	DATE	SIGNATURE	DATE
YOUR DAYTIME TELEPHONE NUMBER		This account is: ____ My own account. ____ A joint account.	

SECTION 3 (Ask your bank to complete this section.) This **must** be a **Swedish Kronor** account.

NAME OF BANK															
BANK ADDRESS															
BANK PHONE NUMBER															
BANK IDENTIFICATION AND ACCOUNT NUMBER Bank Identification and Account Number (Bank Identifiering – och Kontonummer)															
Signature of Bank Official														Date	

MAIL THE COMPLETED FORM TO:

American Embassy
 Federal Benefits Unit
 Drammensveien 18
 0244 Oslo

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

The information you give on this form is confidential. We need the information to send your U.S. Social Security payments electronically to your Swedish bank account.

WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS

Your payment will be sent through the Swedish banking system. Your payment will be in your Swedish bank account the day after the U.S. payment date. If the payment date is not a Swedish banking day, your payment will be in your account on the next banking day. With direct deposit, you will have immediate access to your money. This is the safest way of receiving your benefits.

INFORMATION ABOUT CURRENCY CONVERSION

With direct deposit, your U.S. Social Security payment is automatically converted to Swedish kronor at a good exchange rate a few days before it is deposited to your account. The exchange rate may be different from the rate of exchange on the day you receive the payment.

****SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS****

If you have a joint account with a person who receives Social Security payments, and that person dies, you must immediately contact your bank and the Social Security Administration, or the American Embassy in Oslo, Norway. Any Social Security payments deposited into a joint account after the death of a beneficiary must be returned to Social Security.

IF YOUR ADDRESS CHANGES

If your address changes, you **must** inform the Federal Benefits Unit at the American Embassy in Oslo, Norway, or the Social Security Administration. If the Social Security Administration needs to contact you and cannot locate you, your payments may be stopped.

CHANGING BANKS OR BANK ACCOUNTS

If you change your bank or your account, you must notify one of these offices:

American Embassy Federal Benefits Unit Drammensveien 18 0244 Oslo 2	Social Security Administration Office of International Operations PO Box 17769 Baltimore, MD 21235-7769	International Treasury Services Federal Reserve Bank of New York E. Rutherford Oper. Ctr., 1 st Floor 100 Orchard Street East Rutherford, NJ 07073 USA [FRBNY is Social Security's agent for all International Direct Deposit.]
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You may need to fill out a new sign-up form. ***Do not close your old account until payments have started coming to your new account.***

PAPERWORK REDUCTION ACT STATEMENT

This information meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex building, Baltimore, MD 21235-0001. Only comments relating to our time estimate should be provided, not the completed form.*